

State of Tennessee
Department of Health

Board of Veterinary Medical Examiners

227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free) 1-800-778-4123 ext. 25090
615-532-5090
tn.gov/health



Application for Certified
Animal Control Agency

06/06



2318-001	Application Fee	\$ 50
2318-001	Premises Inspection Fee	200
2318-006	State Reg Fee	10
Total		\$260

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090
1-800-778-4123 ext. 25090
tn.gov/health

CERTIFIED ANIMAL CONTROL AGENCY APPLICATION

INSTRUCTIONS

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a non-refundable check for \$260.
3. Make check payable to the Board of Veterinary Medical Examiners.
4. Enclose a notarized letter from a municipal or county official stating that the entity is an Animal Control Agency.
5. Enclose a notarized documentation of employment of at least one (1) Certified Animal Euthanasia Technician or Licensed Veterinarian.

Name of Animal Control Agency:			Fax Number: ()	Phone Number: ()
Mailing Address:	Street/P.O. Box/RR#	City	State	Zip Code
Supervising Official/Contact Person:	Email Address:		Phone Number: ()	
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Directions to Agency:			Office Hours:	
			Mon.	
			Tues.	
			Wed.	
			Thurs.	
			Fri.	

List <u>All</u> Certified Animal Euthanasia Technicians Practicing In Facility: (attach list if necessary)				
Name:		Certif #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Certif #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Certif #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Certif #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
List <u>All</u> Veterinarians Practicing In Facility: (attach list if necessary)				
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
List <u>All</u> Veterinary Medical Technicians Employed By Facility: (attach list if necessary)				
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		Lic #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
2. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
4. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES NO

- | | | |
|---|-------|-------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to supervise an animal control agency with reasonable skill and safety? | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

- | | | |
|---|-------|-------|
| 2. Do you currently use chemical substances? | _____ | _____ |
| a. If yes, do they in any way impair or limit your ability to supervise an animal control agency with reasonable skill and safety? | _____ | _____ |
| 3. Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. If you have ever held or applied for a license or certificate to practice animal euthanasia medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, or otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? | _____ | _____ |

COMPETENCY INFORMATION CONTINUED

	YES	NO
9. Have you ever been rejected or censured by an Animal Control society?	_____	_____
10. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you?	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you? or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified as the person referred to in this application and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE _____

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____